Open access of psychological intervention manuals

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suicides over the two-year period, representing an 8.4% increase in suicides (when compared to the 2018 rate of 48,432).

What is especially concerning about our projections is the genuine uncertainty with respect to the labour market post-COVID-19, as well as the tremendous financial uncertainty and decrease in consumer sentiment, all of which are independent and additional contributors to suicide[6]. Moreover, social isolation and quarantine, which are critical viral transmission risk mitigation strategies, are recommended nation-wide. Social isolation is well established as a significant risk factor for suicidality[7].

Multiple studies have reported that government policy response can significantly mitigate the increased risk of suicide due to economic hardship and unfavourable labour market dynamics. For example, in Japan, a 1% per capita increase in local government expenditures was associated with a 0.2% decrease in suicide in the years following the 2008 recession[8]. The Japanese experience was replicated in Europe, wherein government spending, especially on social programs intended to mitigate suicide risk, significantly reduced projected suicides in Denmark[9].

Preventing suicide in the context of the COVID-19-related unemployment and financial insecurity is a critical public health priority. In addition to financial provisions (e.g., tax deferral, wage subsidy), investing in labour market programs that intend to retrain workers is warranted. Furthermore, government support for employers is critical to reduce the massive increase in unemployment and contraction of the labour market.

Proactive public-private partnerships that aim to provide psychological first-aid and psychiatric emergency services to persons at imminent risk of suicide are essential. Individual resilience enhancement strategies should be implemented (e.g., exercise, sleep hygiene, structured daily schedule, better diet). Approximately half of suicides in the US are committed with a gun; recommendations surrounding appropriate gun and ammunition storage are warranted. For persons with clinically significant depressive/anxiety symptoms or persons experiencing features of post-traumatic stress disorder or drug/alcohol abuse, timely access to comprehensive treatment should be part of the COVID-19 management strategy.

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Open access of psychological intervention manuals

Open science is a movement aimed at making research methodologies, protocols, tools, data, analyses and reports accessible as early as possible, to facilitate further research[1]. Open science of psychological treatments is an area that warrants special attention.

Psychological treatments for mental disorders are increasingly being investigated globally, with promising results[2,3]. This body of research has resulted in recommendations by the World Health Organization (WHO) on a range of psychological interventions, such as cognitive-behaviour and interpersonal psychotherapies, as first line treatment options for depression[4]. There is also substantial evidence that psychological interventions can be delivered effectively not only by specialist mental health providers, but also by general health staff and community workers, who are more easily available[5]. One would then expect that psychological treatment manuals underpinning these findings be readily accessible.

The psychological treatment manual is a key element of the research methodology, because it outlines the various aspects of the intervention, including the psychological techniques used, the number and duration of sessions, and the specific content details. The manual is usually carefully designed, revised after piloting, and possibly adapted to local context, before being used in randomized controlled trials (RCTs).

Papers on RCTs typically include a paragraph describing the treatment provided. However, such a brief description – in the absence of a manual – is insufficient for readers to implement the intervention or replicate the study. Also, the limited details often make it difficult to accurately understand the intervention and interpret the results of the study, which becomes a major challenge when conducting and interpreting meta-analyses of psychological interventions.

We reviewed a database of 27 trials investigating psychological treatments for common mental disorders delivered by non-specialist providers in low and middle income countries (LMICs)[3], in order to explore how many treatment manuals used in the studies were cited and how many were open access.

We defined a psychological treatment manual as a structured form of guidance (written material and instructions to be followed). Manuals were coded as being either generic (i.e., the manual was developed for a non-specific context and had to be adapted before use) or exact (i.e., the manual is exactly the one used). From an open science perspective, the exact manual needs to be accessible.

We operationalized open access of a psychological treatment manual as one of the following: a) the weblink to the exact man-

ual is included in the trial report; b) there is an explicit offer to make the exact manual available from the authors (with their e-mail address included), or c) the manual is available online so that it can be found without difficulties by searching its name. With respect to the last option, a search was undertaken by entering the name of the programme or the reference in Google search engine. A full version of the manual had to come up within the first 30 hits.

In 19 of the 27 trials, a manual was mentioned in the text of the report, while in the remaining eight there was no mention of the existence of a manual.

Focusing on the 19 trials for which a manual was mentioned, there were eight manuals that were referenced in the paper's bibliography. Six of the references were for the generic manual adapted for the study, while only two were citations of the exact manual used. Of the remaining 11 studies in which a manual was not referenced in the bibliography, six cited another paper as source for the manual but, when searched, that paper did not cite the manual. Four of 11 cited another paper that, when searched, cited a generic manual in the bibliography. Finally, one study cited another paper that, when searched, cited in turn a further paper that, when searched, revealed no citation for the manual. A flow chart summarizing these findings is available upon request.

When we investigated open access to psychological treatment manuals, no study was found to provide a direct weblink. Seven manuals could be found when using a Google search (of which six were generic and only one[6] was the exact manual used). Only in one study[7], access to the exact manual was offered via e-mail from the authors. Thus, out of 27 trials, a total of only two (7%) exact treatment manuals could be identified that met our definition of open access.

In summary, only two studies (7%) reporting results of a psychological treatment for common mental disorders in LMICs provided citations to the exact manual used in the study, and only two (7%) provided open access to the manual.

Access to treatment manuals for psychological interventions is important for the replication and independent scrutiny of study results and for the dissemination of effective interventions.

Change is not only needed but also feasible. For example, two relevant RCTs of psychological treatments were released around the same time of the systematic review[3] and were thus not included in our analyses. One included a reference to an online version of the exact manual used[8], and the other offered access to a linked training programme to learn the intervention[9].

Accessibility to treatment manuals is a key aspect of open science of psychological treatments. Mental health journals and research funders should consider setting up mechanisms that require authors of RCTs to make the psychological treatment manuals they used open access.

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Three questions to consider before developing a mental health app

Most people with mental health problems do not access treatment, and the world does not have enough mental health clinicians to fill this treatment gap. Recently, many scholars have argued that technology-based interventions have the potential to reduce the treatment gap[1].

As smartphone ownership is becoming nearly ubiquitous around the world, interventions delivered through smartphone applications have received particular attention. Additionally, recent meta-analytic findings suggest that smartphone-based interventions are effective for a variety of common mental health problems[2]. This growing enthusiasm has led many academic researchers, non-profit organizations, and companies to create their own mental health applications (MH apps). Indeed, there are over 10,000 commercially available MH apps, and new apps are being released at an increasing rate[3].

Given the clear potential of MH apps, it is not surprising that many teams are investing substantial time and resources to develop new ones. However, it is important to consider recent evidence suggesting that the reach and impact of most new MH apps is limited, with most engaging few users[4,5].

Here, we propose that the proliferation of new MH apps is often unnecessary, sometimes counterproductive, and often redundant with apps that already exist. We pose three questions that people should consider prior to developing a new MH app. We also present alternative options that can often meet the needs that new MH apps are meant to address.

The first question calls for a thorough examination of alternatives that are already available. In many cases, it is likely that existing apps are sufficient to meet the needs of users. Recent evidence shows that many publicly available apps include a variety of evidence-based practices – for instance, in the case of depression and anxiety apps, cognitive restructuring, behavioral activation,